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			_				(Depositor's name)
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APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/583,509 06/16/2006			Egisto Boschetti		442187/PALL 3158		
		IC MATERIAL FOR TI	HE ABSORPTION OF PRO	TEINS AT PHYSIO	DLOGICAL ION	IC STREN	ЭТН
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE		DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$0 \$183		10/25/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS				
HAQ, SHAFIQUL		1641	502-401000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fil recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							cument has been filed for
Pall Corporation Port Washington, New York							
Please check the appropri	ate assignee category or	categories (will not be p	orinted on the patent):	Individual 🛂 Cor	poration or other	private grou	p entity Government
4a. The following fee(s) a	are submitted: o small entity discount p	4	b. Payment of Fce(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-1216 enclose an extra copy of this form).				
5. Change in Entity Stat							
	SMALL ENTITY status Publication Fee (if requ		b. Applicant is no long	er claiming SMALL	ENTITY status.	See 37 CFI	R 1.27(g)(2).
Authorized Signature _ Typed or printed name	Jeremy M.	Jay D	on is required to obtain or related. The collection is estimated to the collection of the collection o	Date 16 Registration No.	AUS. 33,58	701)
			spond to a collection of info				